

DIAGNOSIS, PREVENTION AND TREATMENT OF HEMORRHOIDS IN PREGNANT WOMEN

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Annotation: *According to statistics, hemorrhoids are 5% more common in women who have given birth than in nulliparous women. This disease occurs in 7.7% of non-pregnant women, 25.7% of pregnant women and 49.8% of women who have given birth. Pregnancy and childbirth are the main factors that cause cystitis in women. This manifests itself in the form of constipation, uterine pressure on the intestinal walls and slowing of blood flow in the portal vein system. Treatment and prevention of hemorrhoids in pregnant women is one of the most urgent problems of modern coloproctology. Treatment of hemorrhoids in pregnant women is somewhat different from the treatment of this pathology in all other people. Any drug used by a pregnant woman, even for topical use, cannot be considered completely safe for the fetus, therefore, the drug should be used during pregnancy only if necessary, and the potential benefit of the drug clearly outweighs the possible harm to the fetus. mother and fetus. In most cases, hemorrhoids in pregnant women can be treated with conservative measures, in rare cases, there is a need for hemorrhoidectomy. Thus, emergency hemorrhoidectomy in pregnant women is 0.2%.*

Keywords: *hemorrhoids, pregnancy, diagnosis, prevention, treatment*

ДИАГНОСТИКА, ПРОФИЛАКТИКА И ЛЕЧЕНИЕ ГЕМОРРОЯ У БЕРЕМЕННЫХ

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Аннотация: *По статистике, геморрой 5% чаще встречается у рожавших женщин, чем у нерожавших. Это заболевание встречается у 7,7% небеременных, 25,7% беременных и 49,8% родивших женщин. Беременность и роды являются основными факторами, вызывающими цистит у женщин. Это проявляется в виде запоров, давления матки на стенки кишечника и замедления кровотока в системе воротной вены. Лечение и профилактика геморроя у беременных – одна из актуальнейших проблем современной колопроктологии. Лечение геморроя у беременных несколько отличается от лечения этой патологии у всех остальных людей. Любой препарат, применяемый беременной, даже для местного применения, не может считаться полностью безопасным для плода, поэтому применять препарат при беременности следует только в случае необходимости и потенциальная польза от препарата явно превышает возможный вред для плода. мать и плод. В большинстве случаев геморрой у беременных поддается лечению консервативными мероприятиями, в редких случаях возникает необходимость*

геморроидэктомии. Так, экстренная геморроидэктомия у беременных составляет 0,2%.

Ключевые слова: *геморрой, беременность, диагностика, профилактика, лечение.*

A hemorrhoids is a pathological expansion of the veins of the rectum, which is manifested by periodic bleeding, internal nodes coming out of the back exit hole, and frequent inflammation. At its base, there are cavernous structures, internal and external nodes are distinguished [45]. Pregnancy and childbirth are the main factors that cause cystitis in women. This is manifested in the form of constipation, pressure of the uterus on the intestinal walls, and a decrease in blood flow in the portal vein system [53]. According to statistics, it is 5% more common in women who have given birth than women who have not given birth. This disease occurs in 7.7% of non-pregnant women, 25.7% of pregnant women, and 49.8% of women who have given birth [3].

Constipation is common in women during pregnancy. It usually lasts 3-5 weeks. It is very difficult for patients with Bavocil and affects the general condition of patients. The problem of hemorrhoids in women during pregnancy is one of the main problems of modern coloproctology. The problem is that during the growth of the fetus in the mother's womb, it puts pressure on the veins of the rectum, squeezing the blood vessels. This phenomenon is clearly observed in the second and third trimesters of pregnancy. This situation, in turn, causes complaints in the postpartum period in patients. In addition, the disease is acute and chronic. In many cases, the acute form of Bavosil's disease is caused by complications of the chronic form after thrombosis, bleeding and inflammation. According to scientific statistics, 50% to 80% of young mothers-to-be have problems with cystic fibrosis [10]. It is well known that during pregnancy, the treatment of hemorrhoids has its own characteristics and the drugs that have a local effect have a negative effect on the body of the pregnant mother and the fetus [32, 33].

Treatment and prevention of hemorrhoids in pregnant women is one of the most urgent problems of modern coloproctology [1, 18,22].

Pregnancy and childbirth, chronic constipation, the pressure of the uterus on the intestinal walls, the wrong position of the uterus, and dampness in the portal vein are important factors in the development of cysts in women [16,19].

As a result, the disease process can be acute and chronic. In fact, these forms are stages of the same process. In an acute condition, thrombosis develops in the nodes, accompanied by pain in the posterior discharge area. In some cases, acute inflammation is accompanied by swelling in the perianal area, necrosis of nodes. Thrombosis in lymph nodes is an indication for starting anticoagulant therapy under the supervision of a proctologist. Bleeding, which is usually repeated in the chronic course of the disease, is characterized by the fall of the lymph nodes during defecation [20].

Cystitis is the most common disease during pregnancy and the postpartum period. The disease is acute and chronic. It manifests itself in the form of thrombosis, inflammation and bleeding. The acute form is considered a complication of the chronic form [21].

Complications are divided into thrombosis and inflammation. This classification represents the pathogenesis of the disease, provides convenience and opportunity in practice. Depending on the stage of the disease and the severity of the disease, the clinical indicators are determined objectively, and the necessary treatment method is selected. Conservative treatment of acute and chronic cystitis prevents the appearance of symptoms of acute cystitis, the recurrence of complications, and the transition to chronic cystitis. In this, anti-inflammatory, pain-relieving, hemostatic drugs are used. They improve blood flow and normalize microcirculation in the cavernous tissue [19,22]. The first worst complication of the disease is bleeding from the anal canal [1]. In more than half of patients, this condition is reversed. Continuous bleeding from lymph nodes causes anemia in patients. Anorectal bleeding can be a symptom of colon cancer, diverticulosis, nonspecific ulcerative colitis, and granulomatous colitis [23]. The second most common symptom of hemorrhoids is this - is the descent of the nodes. In addition, polyps and colorectal cancer are also found under the guise of papilloma. When a cyst appears, it is necessary to conduct a thorough examination: finger examination, rectoscopy, colonoscopy or irrigoscopy. A biopsy is necessary when a tumor is suspected [24]. Pain syndrome is rare in chronic anal fissures and occurs with complications such as thrombosis with perianal edema in external anal fissures, anal canal rupture, internal anal fissures. The cause of pain syndrome is acute or chronic paraproctitis, rectal cancer with perfolcal inflammation, or complications around the anus. may be transient Crohn's disease. Mucus or pus discharge can be in inflammation of the rectum and tumor diseases. Inflammation of the anal canal can lead to acute paropractice, one of the serious complications of the disease, which is difficult to treat [6,10].

During pregnancy, clinical symptoms of hemorrhoids do not have a specific appearance. Most often, there is pain in the back area, rectal bleeding and anal itching. During the gestational period, the condition is often detected in the asymptomatic stage. These women do not have any complaints, but an anoscopic examination reveals a complication [4,25]. Timely detection of pregnant women with no clinical symptoms and preventive measures in them allows preventing the development of the process complicating the delivery and postpartum period [26].

It should be noted that the clinical manifestations of the disease in pregnant women are prolonged over time. At the beginning of the disease, there are unpleasant sensations in the anus, which increase after defecation [4,27]. Then the following symptoms appear: pain, enlargement of cystic nodes, bleeding, anal itching [7,9]. In half of the women who had hemorrhoids during pregnancy, after giving birth, the disease passes into the period of infection. When the fetus is large, in the second stage of labor, the parietal nodes are